2000	UNIFORM	BUSINESS REPO	RT (UBR)		1	
DOCU 1. Entity Nan	MENT# LS	7000000673	~ è	I ED W	1/20	
MEEKS 8	& MANN, L.C.		F		,	
			181	13 by 1.0.		
•	ce of Business	Mailing Address	00 3m	TARY OF STATE		
2227 N. YOUNG BLVD. P.O. BOX 465 CHIEFLND FL 32626 CHIEFLAND FL 32644-04		SECRE	AASSEE FLORIDA			
01,121,210	. 42424	VIIILI DING I L SECTION	JALLA	1 1881(8) 818 (8)(1 (88) 8	BLIL BEIG BBILL BBLL BBILL BBLL BALL BALL LÄNDE 1810 1800.	
2 Peineinal I	Class of Durings					
2. Principal Place of Business 3. Mailing Address				nen anne nane nanei naelt 43112 41111 (8468 4111 1821		
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		PPLICABLE Applied For	
Zip	Country	Zip	Country	1	\$5.00 A List	
	6 Name and Address of	Current Pagistared Agent	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desi	Fee Required	
	6. Name and Address of	1 Current Registered Agent	Name	7. Name and Address of N	aw Hegistered Agent	
MEEKS, DAVID JR			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
2227 N. YOUNG BLVD., CHIEFLND FL 32626					•	
OT INE.	, T 05050		City		Zip Code	
8 The above	named entity submits this sta	atement for the purpose of changing its	registered office or regist	erad agent or both in the State		
	That was a time a day to determine the attention to	icontent for the purpose of changing his i	registered office of regist	ered agent, or both, in the state	i i iona.	
SIGNATURE	Signature, typed or printed name of regi	stered agent and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE	
		FILE NO	W!!! FEE IS \$50.00			
•		•	able to Department			
9.	MANAGIN	IG MEMBERS/MEMBERS	10,		DNS/CHANGES	
TITLE	MGR	☐ Deleta	TITLE		Change Addition	
NAME STREET ADDRESS	MEEKS, DAVID W JR 2224 N YOUNG BLVD		NAME STREET ADDRESS	7000003	3 1174678 01/0001025017	
CITY- ST- ZIP	CHIEFLND FL 32626		CITY-8T-ZIP	ーリ <u>と</u> バし *****	ANTO CO ANTALAM MA	
TITLE NAME	MGR MANN, LOY A	L. Detete	TITLE NAME		「中国 Charigs I - I Addition	
STREET ADDRESS CITY-ST-ZIP	6950 NW 87TH PLACE CHIEFLND FL 32644		STREET ADDRESS CITY-ST-ZIP			
TITLE	CHIEFEIND FE 32044	☐ Delete	TITLE		Change [Addition]	
NAME STREET ADDRESS	,		NAME STREET ADDRESS			
CITY- ST- ZIP	<u></u>		CITY: 8T-ZIP		<u> </u>	
TITLE Name		Delete	TITLE Name		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY- ST- ZIP			CITY-ST-ZIP			
TITLE MAME		L_I Delete	TITLE Name		Change 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE /		☐ Delete	TITLE		☐ Ch àng s ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-87-ZIP			CITY-ST-ZIP			
indicated	on this report is true and accu	plied with this filing does not qualify for t rrate and that my signature shall have th or trustee empowered to execute this re	ne same legal effect as if i	made under oath; that I am a ma	es. I further certify that the information anaging member or manager of the	
	DAVID	MEEKS JA.	, , ,	2.	_	
SIGNAT		Male FOUI		1/10/00	352-493-495	
	SIGNATURE AND TYP	PED OR PRINTED NAME OF SIGNING MANAGING MI	EMBER OR MANAGER	Date	Daytime Phone #	